

**LETTER TO HOUSEHOLDS - DIRECT CERTIFICATION
SCHOOL NUTRITION PROGRAMS**

Dear Parent/Guardian:

The _____ school serves nutritious meals every school day. Children may buy breakfast for \$ _____, lunch for \$ _____, and afterschool snacks for \$ _____. Meals also are available free or at a reduced price. All meals served must meet standards established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to be disabled and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your child needs substitutions because of a disability, please get in touch with us for further information.

If you now get food stamps or Virginia Temporary Assistance for Needy Families (TANF) for your child, your child may get free meals. If your total household income is at or below the amounts on the income chart, your child may get free meals or reduced price meals for _____ cents for lunch, _____ cents for breakfast, and _____ cents for afterschool snacks. If you have a foster child who is the legal responsibility of the court, that child may be eligible for benefits regardless of your income.

HOW TO APPLY

Households that are receiving food stamps or VA TANF for their children do not have to fill out an application.

School officials will notify you of your child's eligibility and your child will be provided free benefits, unless you tell the school that you do not want benefits. If you are not notified by _____(date), submit an application at that time. The application must contain the child's name, the food stamp number, and the signature of an adult household member.

If you do not receive food stamps benefits for your child carefully complete the application and return it to your school. If you do not list a food stamp or VA TANF case number for the child you are applying for, then the application must have the child's name, the names of all household members, the amount and source of income each person received last month. An adult household member must sign the application and include his/her social security number. If he/she does not have a social security number, the word "NONE" must be written in the space provided.

An application that is not complete cannot be approved.

INCOME CHART			
Effective July 1, 2000 to June 30, 2001			
Household Size	Annual	Monthly	Weekly
1	15,448	1,288	298
2	20,813	1,735	401
3	26,178	2,182	504
4	31,543	2,629	607
5	36,908	3,076	710
6	42,273	3,523	813
7	47,638	3,970	917
8	53,003	4,417	1,020
For Each Additional Family Member Add	+5,365	+448	+104

OTHER BENEFITS: Your child may be eligible for other benefits such as the Children's Medical Security Insurance Program (CMSIPS), Medicaid, and dental care. Please see **Part 6** on the free and reduced price meal application.

***CONFIDENTIALITY:** The information you give on the application will be used only to allow your child to receive free or reduced price meals and to verify eligibility. You do not have to complete statement on free dental care to be considered for meal benefits. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced price meals. They will use this information for funding and/or calculation purposes.

***VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. School officials may ask you to send information to prove that your child should receive free or reduced price meals.

***FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by calling or writing the following official:

Name: _____ Phone: _____

Address: _____

***REPORTING CHANGES:** If your child receives free or reduced price meals based on your income, you must tell the school if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If your child is eligible for free meals because he or she receives food stamps or VA TANF, you must tell the school when you are not receiving food stamps or VA TANF. You must then fill out another application giving new income information.

***REAPPLICATION:** You may reapply for free and reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get food stamps or VA TANF for your child, fill out an application at that time.

IF YOU NEED HELP FILLING OUT THE APPLICATION FORM, PLEASE CONTACT THE SCHOOL YOUR CHILD ATTENDS.

You will be notified when your child's application is approved or denied.

Sincerely,

Name: _____ Telephone #: _____

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